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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAMBA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1720 CHURCH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11226

D Employer identification number
11-2480339

E Telephone number
(718) 287-2600

G Gross receipts $ 110,539,518

F Name and address of principal officer
JOANNE M OPLUSTIL
1720 CHURCH AVENUE
BROOKLYN, NY 11226

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CAMBA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CAMBA IS A NON-PROFIT AGENCY THAT PROVIDES SERVICES THAT CONNECT PEOPLE WITH OPPORTUNITIES TO ENHANCE THEIR QUALITY OF LIFE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,144
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	365,509
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-25,648

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	98,897,272	105,746,642
9	Program service revenue (Part VIII, line 2g)	4,031,071	4,390,031
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,381	19,279
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,776	365,509
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,974,500	110,521,461
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	223,176	127,500
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	53,965,788	59,798,310
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶628,601		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,605,550	50,482,540
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	102,794,514	110,408,350
19	Revenue less expenses Subtract line 18 from line 12	179,986	113,111

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	27,029,831	30,731,101
21	Total liabilities (Part X, line 26)	19,721,595	23,304,728
22	Net assets or fund balances Subtract line 21 from line 20	7,308,236	7,426,373

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-07-05
Signature of officer | Date

JOANNE M OPLUSTIL PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARRY WECHSLER				P00293702

Firm's name ▶ RAICH ENDE MALTER & CO LLP — Firm's EIN ▶ 11-2336434

Firm's address ▶ 1375 BROADWAY
NEW YORK, NY 10018 — Phone no (212) 944-4433

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

CAMBA IS A NON-PROFIT AGENCY THAT PROVIDES SERVICES THAT CONNECT PEOPLE WITH OPPORTUNITIES TO ENHANCE THEIR QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 70,680,852 including grants of $) (Revenue $ 3,275,739)

HOUSING CAMBA BELIEVES THAT SAFE, DECENT AND STABLE HOUSING IS CRITICAL TO THE LONG-TERM ECONOMIC AND SOCIAL SUCCESS OF EVERY INDIVIDUAL AND FAMILY NEARLY 15,000 PERSONS EACH YEAR RECEIVE HOUSING-RELATED SERVICES FROM CAMBA IN THE AREAS OF EMERGENCY SHELTER, ASSISTANCE IN EVICTION PREVENTION, RELOCATION INTO, AND PROVISION OF, PERMANENT HOUSING IMPACT IN 2014, CAMBA PLACED OR MAINTAINED OVER 1,900 INDIVIDUALS AND FAMILIES INTO SAFE, STABLE PERMANENT HOUSING AND ASSISTED OVER NEARLY 2,600 FAMILIES IN AVOIDING EVICTION AND REMAINING STABLY HOUSED DURING THE SAME PERIOD, 880 WILLOUGHBY, A 100-UNIT SUPPORTIVE APARTMENT BUILDING IN BUSHWICK, MAINTAINED OCCUPANCY STANDARDS MORRIS MANOR, A 46 UNIT SUPPORTIVE HOUSING PROJECT LOCATED IN THE HEART OF FLATBUSH, HAS ALSO MAINTAINED OCCUPANCY STANDARDS THROUGH AUGUST, 2014 97 CROOKE AVENUE, A 53 UNIT AFFORDABLE AND SUPPORTIVE HOUSING DEVELOPMENT IN FLATBUSH, ALSO MAINTAINED OCCUPANCY STANDARDS DURING THE YEAR CAMBA HOUSING VENTURES (CHV) COMPLETED CONSTRUCTION IN OCTOBER 2013 AND LEASE-UP IN MARCH 2014 AT CAMBA GARDENS PHASE I, A 209-UNIT, LEED-PLATINUM AFFORDABLE AND SUPPORTIVE HOUSING DEVELOPMENT ON THE KINGS COUNTY HOSPITAL CAMPUS (KCHC) IN WINGATE, BROOKLYN CAMBA GARDENS PHASE I REPRESENTS A NATIONAL MODEL OF COLLABORATION BETWEEN A PUBLIC HOSPITAL, A NON-PROFIT AFFORDABLE HOUSING DEVELOPER AND A SERVICE PROVIDER CHV COMPLETED A CONSTRUCTION FINANCE CLOSING IN JUNE 2014 FOR CAMBA GARDENS PHASE II, 293 UNITS OF SUPPORTIVE AND AFFORDABLE HOUSING IMMEDIATELY ADJACENT TO CAMBA GARDENS PHASE I FOR THIS PROJECT, CHV ALSO COMPLETED ABATEMENT AND COMMENCED DEMOLITION ON AN EXISTING KCHC BUILDING CHV IS THE NON-PROFIT DEVELOPMENT PARTNER WITH HUDSON COMPANIES AND RELATED COMPANIES FOR GATEWAY ELTON PHASE I, A 197-UNIT AFFORDABLE HOUSING DEVELOPMENT IN EAST NEW YORK THAT WAS LEASED UP AS OF AUGUST 31, 2014 CHV CONTINUED THE PRE-DEVELOPMENT PROCESS WITH THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) REGARDING THE DEVELOPMENT OF AFFORDABLE AND SUPPORTIVE FAMILY HOUSING AT VAN DYKE, 101 UNITS OF AFFORDABLE AND SUPPORTIVE FAMILY HOUSING ON A NYCHA PARKING LOT AT VAN DYKE HOUSES IN BROWNSVILLE BROOKLYN CHV CONTINUED WORK AS THE NON-PROFIT PARTNER WITH THE HUDSON COMPANIES AND RELATED COMPANIES ON THE CONSTRUCTION OF AN ADDITIONAL 175 AFFORDABLE HOUSING UNITS AT GATEWAY ELTON PHASE II AND EXECUTED A CONSTRUCTION FINANCE CLOSING IN JUNE 2014 FOR 287 UNITS OF AFFORDABLE HOUSING AT GATEWAY ELTON PHASE III

4b (Code) (Expenses $ 10,820,632 including grants of $) (Revenue $)

EDUCATION AND YOUTH DEVELOPMENT TO ENSURE THAT PEOPLE WHO LIVE OR WORK IN THE FLATBUSH OR EAST FLATBUSH NEIGHBORHOODS IN BROOKLYN HAVE THE SKILLS AND RESOURCES THEY NEED TO SUPPORT THEIR FAMILIES, CAMBA OPERATES AN ADULT LITERACY CENTER THAT TARGETS BOTH NATIVE-BORN U S CITIZENS AND IMMIGRANTS FROM THE CARIBBEAN, LATIN AMERICA, EASTERN EUROPE, ASIA, AND AFRICA OUR PROGRAMS HELP PARTICIPANTS TO IMPROVE THEIR ENGLISH, MATH, AND CIVICS SKILLS EACH YEAR, 40 TO 50 OF OUR ADULT STUDENTS BECOME U S CITIZENS MANY PARTICIPANTS ARE PARENTS WHO HAVE TO JUGGLE CHILDCARE AND OTHER FAMILY ISSUES, AND WHO OFTEN NEED HELP WITH LEGAL OR HOUSING MATTERS BECAUSE WE DEAL WITH EACH STUDENT AS A WHOLE PERSON, THE NUMBER OF PARTICIPANTS WHO MOVE ON TO HIGHER EDUCATIONAL LEVELS, ACHIEVE EMPLOYMENT GOALS, AND/OR ENTER POST-SECONDARY EDUCATION OR TRAINING PROGRAMS IS MAXIMIZED IMPACT IN 2014, CAMBA SERVED MORE THAN 1,040 INDIVIDUALS IN ITS ADULT LITERACY PROGRAMS FIFTY-EIGHT PERCENT OF THOSE LEARNERS WERE PROMOTED AT LEAST ONE EDUCATIONAL LEVEL AMONG ADULT LITERACY STUDENTS WHO HAD SUCH GOALS, 70% ENTERED EMPLOYMENT, 75% RETAINED THEIR EMPLOYMENT, AND 60% ENTERED A POST-SECONDARY EDUCATION OR TRAINING PROGRAM TO ACHIEVE CAMBA'S VISION IN WHICH YOUTH ACQUIRE THE SKILLS THEY NEED TO SUCCESSFULLY TRANSITION TO A PRODUCTIVE ADULTHOOD, WE PROVIDE OVER 7,000 YOUTH WITH AFTER-SCHOOL, ADOLESCENT PREGNANCY PREVENTION, YOUTH EMPLOYMENT, ACADEMIC ENRICHMENT, AND COUNSELING SERVICES BASED PRIMARILY IN 30 PUBLIC SCHOOLS, CAMBA'S YOUTH DEVELOPMENT PROGRAMS HAVE BEEN DESIGNED TO PROMOTE THE DEVELOPMENT OF SIX CORE COMPETENCIES COGNITIVE AND EDUCATIONAL COMPETENCE, PERSONAL AND SOCIAL COMPETENCE, SPECIAL INTERESTS AND TALENTS, LEADERSHIP AND CITIZENSHIP, HEALTH AND PHYSICAL WELL-BEING, AND PREPARATION FOR WORK IMPACT IN 2014, CAMBA'S AFTER-SCHOOL PROGRAMS KEPT ABOUT 1,500 CHILDREN SAFE AND ENGAGED IN CREATIVE LEARNING ACTIVITIES WHILE THEIR PARENTS WORKED MORE THAN 1,000 HIGH SCHOOL STUDENTS GAINED HANDS-ON WORK EXPERIENCE THROUGH SUBSIDIZED INTERNSHIPS AND SUMMER JOBS AT LIBERATION DIPLOMA PLUS HIGH SCHOOL, A SMALL SCHOOL FOR OVERAGE/UNDER-CREDITED YOUTH, CAMBA SUPPORTED 247 STUDENTS, 93% OF GRADUATING SENIORS EITHER ENROLLED IN POST-SECONDARY EDUCATION OR WERE EMPLOYED

4c (Code) (Expenses $ 7,348,377 including grants of $) (Revenue $ 279,677)

HEALTH CAMBA PROVIDES A COMPLETE RANGE OF SERVICES TO INDIVIDUALS AND FAMILIES AFFECTED BY CONDITIONS SUCH AS HUNGER, HIV/AIDS, MENTAL ILLNESS, AND SUBSTANCE ABUSE OUR PROGRAMMING INCLUDES CASE MANAGEMENT, CARE COORDINATION, LIFE-SKILLS TRAINING, COUNSELING, AND RECREATIONAL AND NUTRITIONAL SERVICES IN ADDITION, THE GREATER BROOKLYN HEALTH COALITION FOCUSES ON ELIMINATING HEALTH CARE DISPARITIES AND CREATING AN AGENDA FOR ACTION TO MAKE BROOKLYN A HEALTHIER LOCALE IMPACT IN 2014, CAMBA PROVIDED HEALTHY GROCERIES TO MORE THAN 4,300 INDIVIDUALS AND FAMILIES IN NEED EACH MONTH AT OUR BEYOND HUNGER EMERGENCY FOOD PANTRY MOREOVER, WE PROVIDED COORDINATED CARE MANAGEMENT SERVICES TO OVER 2,500 HIGH-USERS OF MEDICAID SERVICES THROUGH OUR HEALTHLINK PROGRAM, ENSURING THAT THESE CLIENTS LIVING WITH CHRONIC HEALTH CONDITIONS RECEIVE THE COMPREHENSIVE MEDICAL CARE, BEHAVIORAL TREATMENT, AND SOCIAL SERVICES THEY NEED TO ATTAIN OPTIMAL HEALTH OUTCOMES IN ADDITION, CAMBA PROVIDED CASE MANAGEMENT AND SUPPORTIVE SERVICES TO OVER NEARLY 120 NON-MEDICAID ELIGIBLE PEOPLE LIVING WITH HIV/AIDS

(Code) (Expenses $ 3,664,609 including grants of $ 1,500) (Revenue $)

FAMILY SUPPORT CAMBA'S FAMILY SERVICES PROGRAMS ARE DESIGNED TO USE EACH FAMILY'S STRENGTHS TO DEVELOP SOLUTIONS TO PROBLEMS WHICH AFFECT THE FAMILY'S FUNCTIONING OUR SERVICES INCLUDE FOSTER CARE PREVENTION AND PROGRAMS TO IMPROVE HEALTH OUTCOMES FOR PREGNANT AND NEWLY PARENTING FAMILIES WE OFFER A RANGE OF SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND OTHER VIOLENT CRIMES THESE INCLUDE INDIVIDUAL AND GROUP COUNSELING, CONFLICT RESOLUTION, SUPPORT GROUPS, ADVOCACY AND A RAPE CRISIS HOTLINE IMPACT IN 2014, CAMBA SUPPORTED MORE THAN 520 NEW PARENTS THROUGH OUR PREGNANT AND NEWBORN HOME VISITING PROGRAMS, CONNECTING 90% OF PARTICIPANTS TO A JOB, EDUCATIONAL PROGRAM OR JOB TRAINING PROGRAM BY THEIR BABYS SECOND BIRTHDAY OUR FOSTER CARE PREVENTION SERVICES REACHED 268 FAMILIES

(Code) (Expenses $ 2,051,135 including grants of $) (Revenue $)

ECONOMIC DEVELOPMENT CAMBA PROMOTES ECONOMIC REVITALIZATION IN CENTRAL BROOKLYN BY PROVIDING SERVICES TAILORED TO THE NEEDS OF LOW-INCOME, IMMIGRANT AND MINORITY ENTREPRENEURS OUR SERVICES INCLUDE ONE-ON-ONE COUNSELING, ENTREPRENEURIAL TRAINING AND TECHNICAL ASSISTANCE, ACCESS TO GRANTS AND MICRO-LOANS, AND COMPUTER TRAINING IMPACT IN 2013, CAMBA LAUNCHED MOBILIZE YOUR BUSINESS (MYB), A PROGRAM THAT TEACHES LOW- AND MODERATE-INCOME ENTREPRENEURS HOW TO USE TABLET-BASED TECHNOLOGY TO TRANSFORM THEIR CASH-AND-CARRY BUSINESSES INTO FORMAL ENTERPRISES BY ACCEPTING CREDIT CARDS (AT THEIR BUSINESS LOCATION OR ON THE GO), EMPLOYING A USER-FRIENDLY, CLOUD ACCOUNTING SYSTEM, AND CREATING A SOCIAL MEDIA MARKETING STRATEGY BASED ON ACTIONABLE BUSINESS DATA THE MISSION OF MYB IS TO EQUIP IMMIGRANT SMALL BUSINESS OWNERS WITH THE SKILLS TO USE MOBILE TECHNOLOGY TO INCREASE SALES, REDUCE COSTS, IMPROVE OPERATIONS AND POSITION THEMSELVES FOR BANK FINANCING DURING 2014, 100 BUSINESS OWNERS TOOK ADVANTAGE OF MYB, 65% OF THEM EITHER BEGAN ACCEPTING CREDIT CARDS, IMPLEMENTED THE USE OF A CLOUD ACCOUNTING SYSTEM, OR ESTABLISHED A SOCIAL MEDIA MARKETING STRATEGY WE HAVE ALSO INTRODUCED MOBILIZE YOUR BUSINESS PLUS (MYB PLUS), A PROGRAM THAT TAKES THE USE OF TECHNOLOGY TO THE NEXT LEVEL FOR SMALL BUSINESS OWNERS MYB PLUS ALLOWS OUR STAFF TO VISIT A PARTICIPATING ENTREPRENEUR AT THEIR BUSINESS LOCATION, CONDUCT A NEEDS ASSESSMENT INTERVIEW TO IDENTIFY THE ENTREPRENEURS TECHNOLOGY NEEDS, AND CREATE A DESIGN SOLUTION TO MEET THE THOSE SPECIFIC NEEDS OUR SOLUTIONS FOCUS ON THE USE OF FREE OR LOW-COST TECHNOLOGY ONCE A DESIGN SOLUTION IS ACCEPTED BY AN ENTREPRENEUR, WE VISIT THE BUSINESS LOCATION AND PROVIDE INTENSE TRAINING ON THE NEW TECHNOLOGY WHICH IS DESIGNED TO REDUCE COSTS, INCREASE REVENUES, AND IMPROVE EFFICIENCY OF DAILY OPERATIONS IN 2014, CAMBA ALSO PACKAGED 10 SMALL BUSINESS LOANS FOR A TOTAL OF $130,000 IN FUNDING TO BROOKLYN BUSINESS OWNERS ALL OF THESE LOANS WERE DISBURSED TO MINORITY- OR WOMEN-OWNED BUSINESS ENTERPRISES FOR LOW-INCOME INDIVIDUALS WHO WANT TO ATTAIN ECONOMIC SELF-SUFFICIENCY, CAMBA OFFERS ASSESSMENT, JOB TRAINING, JOB SEARCH ASSISTANCE, AND JOB PLACEMENT SERVICES THAT LEAD TO EMPLOYMENT IN HIGH-DEMAND FIELDS, SUCH AS PRIVATE SECURITY, CUSTOMER SERVICE, AND HUMAN SERVICES FOR DISCONNECTED YOUTH, OUR OUT-OF-SCHOOL YOUTH PROGRAM PROVIDES CASE MANAGEMENT, OCCUPATIONAL TRAINING, JOB PLACEMENT, EDUCATIONAL ASSISTANCE AND OTHER SERVICES TO HELP YOUTH TO DEVELOP THE SKILLS AND MATURITY NEEDED TO ATTAIN SELF-SUFFICIENCY IMPACT IN 2014, CAMBA SERVED 1,336 BROOKLYN RESIDENTS CAMBA CONNECTED 405 LOW-INCOME ADULTS TO JOBS WITH AN AVERAGE WAGE OF NEARLY $11 00 PER HOUR CAMBA TRAINED AND PLACED 63 ADULTS IN FULL-TIME SECURITY GUARD POSITIONS OTHER GRADUATES OF OUR SECURITY OFFICER TRAINING SCHOOL SELF-PLACED INTO THE FIELD ONE THIRD OF OUR SECURITY GUARD TRAINING GRADUATES ARE WOMEN

(Code) (Expenses $ 1,632,351 including grants of $ 126,000) (Revenue $)

LEGAL SERVICES CAMBA LEGAL SERVICES (CLS) PROVIDES FREE LEGAL COUNSEL AND REPRESENTATION TO MORE THAN 3,000 POOR AND WORKING POOR NEW YORKERS EACH YEAR IN THE AREAS OF HOUSING LAW, FORECLOSURE PREVENTION, CONSUMER LAW, IMMIGRATION LAW, DOMESTIC VIOLENCE, AND PUBLIC BENEFITS CLS ATTORNEYS AND PARALEGALS PROVIDE A FULL RANGE OF SERVICES INCLUDING EDUCATION, ADVICE AND LITIGATION TO SOLVE LEGAL PROBLEMS THEY ALSO WORK COLLABORATIVELY WITH OTHER CAMBA STAFF MEMBERS, INCLUDING SOCIAL WORKERS, EDUCATORS, AND WORKFORCE DEVELOPMENT PROFESSIONALS TO HELP CLIENTS ACHIEVE POSITIVE CHANGE IN THEIR LIVES IMPACT IN 2014, CLS ASSISTED MORE THAN 900 IMMIGRANT HOUSEHOLDS, INCLUDING OVER 200 INDIVIDUALS WHO SUBMITTED CITIZENSHIP APPLICATIONS CLS ELIMINATED NEARLY $350,000 IN CONSUMER DEBT THROUGH LEGAL REPRESENTATION AND FINANCIAL COUNSELING FOR MORE THAN 2,000 INDIVIDUALS THROUGH OUR SERVICES, NEARLY 60 HOMEOWNERS WHO WERE AT RISK OF FORECLOSURE WERE ABLE TO STAY IN THEIR HOMES CLS REPRESENTED MORE THAN 60 DOMESTIC VIOLENCE VICTIMS IN A VARIETY OF LEGAL MATTERS, INCLUDING IMMIGRATION, FAMILY LAW, CONSUMER DEBT AND HOUSING

4d Other program services (Describe in Schedule O)

(Expenses $ 7,348,095 including grants of $ 127,500) (Revenue $)

4e **Total program service expenses ▶** 96,197,956

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	62		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,144		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ TAXPAYER 1720 CHURCH AVENUE
BROOKLYN, NY 11226 (718) 287-2600

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REVEREND DANIEL RAMM SECRETARY/TREASURER	2 00	X		X				0	0	0
(2) KATHERINE O'NEILL CHAIRWOMAN	3 00	X		X				0	0	0
(3) PAUL GALLIGAN ESQ MEMBER	1 00	X						0	0	0
(4) ALLAN F KRAMER II MEMBER	1 00	X						0	0	0
(5) TERENCE L KELLEHER ESQ MEMBER	1 00	X						0	0	0
(6) CHRISTOPHER ZARRA VICE CHAIRMAN	1 00	X		X				0	0	0
(7) MATTHEW W BOTWIN MEMBER	1 00	X						0	0	0
(8) BERNARDO MAS MEMBER	1 00	X						0	0	0
(9) DAVID H SCHULTZ ESQ MEMBER	1 00	X						0	0	0
(10) MICHAEL ROSS MEMBER	1 00	X						0	0	0
(11) JULIA BEARDWOOD MEMBER	1 00	X						0	0	0
(12) MOLLY WILKINSON MEMBER	1 00	X						0	0	0
(13) JOANNE M OPLUSTIL PRESIDENT	35 00				X			383,802	0	120,183
(14) VALERIE B-RICHARDSON EVP	35 00				X			266,713	0	39,521
(15) SHARON BROWNE EVP	35 00				X			267,165	0	52,562
(16) THOMAS DAMBAKLY EVP	35 00				X			251,696	0	40,862
(17) CLAIRE HARDING KEEFE SVP	35 00				X			181,848	0	38,131

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RANG T NGO EVP	35 00				X			170,120	0	47,714
(19) KATHY DROS EVP	35 00				X			180,992	0	51,897
(20) LESLIE HEWITT SVP	35 00				X			163,093	0	35,491
(21) DAVID ROWE EVP	35 00				X			192,466	0	6,784
(22) MICHAEL F ERHARD SVP	35 00				X			158,662	0	31,126
(23) KATHLEEN A MASTERS EVP	35 00					X		136,222	0	12,805
(24) ROBIN A LANDES SVP	35 00					X		128,478	0	44,429
(25) PETER BRUNO EMPLOYEE	35 00					X		128,460	0	23,193
(26) JUSTIN NARDILLA EMPLOYEE	35 00					X		125,281	0	12,334
(27) JONATHAN VELAZQUEZ EMPLOYEE	35 00					X		124,113	0	20,281

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,859,111	0	577,313

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 34

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LUTHERAN FAMILY HEALTH CENTERS 150 55TH STREET BROOKLYN NY 11220	SUBCONTRACTOR	662,272
RAICH ENDE MALTER & CO LLP 1375 BROADWAY NEW YORK NY 10018	ACCOUNTING	286,700
PROJECT RENEWAL INC 200 VARICK STREET 9TH FLNEW YORK NY 10014	MEDICAL	168,757
EDWARD JOSEPH FILEMYR IV 11 PARK PL 1212 NEW YORK NY 10007	LEGAL	153,059
ICL HEALTHCARE CHOICES INC 40 RECTOR STREET NEW YORK NY 10006	INDEPENDENT CONTRACTOR	147,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	100,343,328			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,403,314			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		105,746,642			
Program Service Revenue			Business Code				
	2a	PROGRAM REIMB & FEES	900099	2,964,152	2,964,152		
	b	CLIENT RENTS	532000	1,395,423	1,395,423		
	c	GAIN ON INVSTMT IN BRKLN HEALTH H	900099	30,456	30,456		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		4,390,031			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		607			607
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	36,729				
	b	Less cost or other basis and sales expenses	18,057				
	c	Gain or (loss)	18,672				
	d	Net gain or (loss) . . . . . ▶			18,672			18,672
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	SPECIAL EVENTS	900099	365,509		365,509	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		365,509			
	12	**Total revenue.** See Instructions . . . . . ▶		110,521,461	4,390,031	365,509	19,279

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	127,500	127,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,216,557		2,216,557	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	44,552,572	37,822,722	6,364,443	365,407
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,029,181	10,478,993	2,447,801	102,387
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	188,809	94,404	94,405	
c Accounting	204,544	102,272	102,272	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,840,260	1,649,539	99,724	90,997
12 Advertising and promotion				
13 Office expenses	1,699,643	1,591,050	86,059	22,534
14 Information technology				
15 Royalties . .				
16 Occupancy	10,658,459	10,450,584	196,771	11,104
17 Travel	393,150	387,328	5,701	121
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	275,633	246,355	28,448	830
20 Interest	325,612		325,612	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	415,452	64,502	350,950	
23 Insurance	1,621,404	809,439	811,965	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RENT & RELATED EXP-OTHE	24,763,084	24,721,433	41,651	
b EQPT PURCH/MAINT/RENT	3,728,213	3,583,475	126,565	18,173
c OTHER PRGM SUPPLIES & E	1,869,671	1,824,670	42,749	2,252
d FOOD & MEALS	1,689,352	1,664,126	25,106	120
e All other expenses	809,254	579,564	215,014	14,676
25 **Total functional expenses.** Add lines 1 through 24e	110,408,350	96,197,956	13,581,793	628,601
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		2,121,870	2	2,923,968
	3	Pledges and grants receivable, net		15,149,610	3	16,548,926
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		565,799	9	477,182
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,976,168			
	b	Less accumulated depreciation	10b 1,815,080	1,154,173	10c	1,161,088
	11	Investments—publicly traded securities		2,266,810	11	2,534,525
	12	Investments—other securities See Part IV, line 11		326,398	12	356,861
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,445,171	15	6,728,551
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,029,831	16	30,731,101
Liabilities	17	Accounts payable and accrued expenses		6,762,561	17	5,880,459
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,497,969	23	9,911,919
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,461,065	25	7,512,350
	26	**Total liabilities.** Add lines 17 through 25		19,721,595	26	23,304,728
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,139,461	27	7,417,922
	28	Temporarily restricted net assets		168,775	28	8,451
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,308,236	33	7,426,373
	34	Total liabilities and net assets/fund balances		27,029,831	34	30,731,101

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,521,461
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,408,350
3	Revenue less expenses Subtract line 2 from line 1	3	113,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,308,236
5	Net unrealized gains (losses) on investments	5	5,026
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,426,373

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	75,093,519	78,530,798	89,229,942	98,897,272	105,746,642	447,498,173
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	75,093,519	78,530,798	89,229,942	98,897,272	105,746,642	447,498,173
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						447,498,173

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	75,093,519	78,530,798	89,229,942	98,897,272	105,746,642	447,498,173
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-10,513	7,924	8,865	4,381	19,279	29,936
9 Net income from unrelated business activities, whether or not the business is regularly carried on	94,428	64,382				158,810
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						447,686,919

12	Gross receipts from related activities, etc (see instructions)	12	2,379,299

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 960 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	99 930 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CAMBA INC	11-2480339

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		110,788
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			110,788
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1(G) - LOBBYING ACTIVITIES	MEETINGS AND CONSULTATIONS REGARDING LEGISLATIVE MATTERS AND VARIOUS PROGRAM AND OPERATIONS ISSUES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	447,977		167,771	280,206
d Equipment	1,575,173		1,044,442	530,731
e Other	953,018		602,867	350,151
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,161,088

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) MISCELLANEOUS RECEIVABLES	13,190
(2) SECURITY DEPOSITS	1,089,486
(3) DUE FROM AFFLIATES	5,625,875
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,728,551

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
REFUNDABLE ADVANCES	5,057,771
DEFERRED COMPENSATION PAYABLE - 457 PLAN	2,454,579
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,512,350

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSISTION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AMONG OTHERS THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE FISCAL YEAR 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 76 WADSWORTH AVENUE NEW YORK, NY 10033	13-2972415	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR
(2) INSTITUTE FOR IMMIGRANT CONCERNS 275 7TH AVENUE 16TH FLOOR 1635 NEW YORK, NY 10001	46-2034228	501(C)(3)	1,500				ASSISTANCE TO REFUGEES
(3) URBAN JUSTICE CENTER 123 WILLIAM STREET 16TH FLOOR NEW YORK, NY 10038	13-3442022	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR
(4) HOUSING CONSERVATION COORDINATORS INC 777 TENTH AVENUE NEW YORK, NY 10019	51-0141489	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR
(5) GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS TO SUBRECIPIENTS ARE MADE UNDER GOVERNMENT PROGRAMS AND ARE BASED UPON THE SUBRECIPIENTS' REPORTS OF SPECIFIC SERVICES PROVIDED AND COMPLIANCE WITH OTHER CONTRACTUAL REQUIREMENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-2480339
Name: CAMBA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOANNE M OPLUSTIL PRESIDENT	(I) (II)	383,802 0	0 0	0 0	104,250 0	15,933 0	503,985 0	0 0
VALERIE B- RICHARDSON EVP	(I) (II)	266,713 0	0 0	0 0	27,380 0	12,141 0	306,234 0	0 0
SHARON BROWNE EVP	(I) (II)	267,165 0	0 0	0 0	32,476 0	20,086 0	319,727 0	0 0
THOMAS DAMBAKLY EVP	(I) (II)	251,696 0	0 0	0 0	20,750 0	20,112 0	292,558 0	0 0
CLAIRE HARDING KEEFE SVP	(I) (II)	181,848 0	0 0	0 0	19,150 0	18,981 0	219,979 0	0 0
RANG T NGO EVP	(I) (II)	170,120 0	0 0	0 0	40,500 0	7,214 0	217,834 0	0 0
KATHY DROS EVP	(I) (II)	180,992 0	0 0	0 0	38,510 0	13,387 0	232,889 0	0 0
LESLIE HEWITT SVP	(I) (II)	163,093 0	0 0	0 0	17,498 0	17,993 0	198,584 0	0 0
DAVID ROWE EVP	(I) (II)	192,466 0	0 0	0 0	0 0	6,784 0	199,250 0	0 0
MICHAEL F ERHARD SVP	(I) (II)	158,662 0	0 0	0 0	13,300 0	17,826 0	189,788 0	0 0
ROBIN A LANDES SVP	(I) (II)	128,478 0	0 0	0 0	37,520 0	6,909 0	172,907 0	0 0
PETER BRUNO EMPLOYEE	(I) (II)	128,460 0	0 0	0 0	5,460 0	17,733 0	151,653 0	0 0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S BOARD REVIEWS THE FORM 990 PRIOR TO ITS FILING
FORM 990, PART VI, SECTION B, LINE 12C	A CERTIFICATION OF THE CONFLICT OF INTEREST POLICY IS PERFORMED ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS APPROVE ALL TOP EXECUTIVE SALARIES WHO THEN INFORM THE HUMAN RESOURCE DEPARTMENT OF ALL COMPENSATION CHANGES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990,PART XII,LINE 2C	THE ORGANIZATION'S PROCESS FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990 SCHEDULE R PART V	LINE 1D - LOAN AND LOAN GUARANTEE LOAN GUARANTEE $1,676,789 ---------- TOTAL LINE 1D - SO NGEA $1,676,789 ========== LOAN GUARANTEE $ 196,429 --------- TOTAL LINE 1D - 1720 $ 196, 429 =========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CAMBA INC

Employer identification number
11-2480339

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) 1720 CHURCH HOLDING CORPORATION 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 43-2067901	RENTAL OF REAL ESTATE	NY	CAMBA INC	C			100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-2480339
Name: CAMBA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CAMBA LEGAL SERVICESINC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-3153831	PROVIDE LEGAL COUNCIL AND REPRESENTATION TO LOW-INCOME AND WORKING POOR	NY	501(C)(3)	7	N/A		No
(1) CAMBA ECONOMIC DEVELOPMENT CORPORATION 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-3546930	PROVIDE LOANS TO UNDER-SERVED BUSINESSES IN THE BROOKLYN, NY COMMUNITY	NY	501(C)(3)	7	N/A		No
(2) CAMBA HOUSING VENTURES INC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 55-0881162	DEVELOP SUSTAINABLE HOUSING WHILE ENHANCING NEIGHBORHOODS	NY	501(C)(3)	9	N/A		No
(3) SONGEA HOLDING CORPORATION 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 31-1717153	HOLDING TITLE TO REAL PROPERTY	NY	501(C)(2)		N/A		No
(4) CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-2835403	PROMOTE GENERAL WELFARE OF PEOPLE IN THE CHURCH AVENUE DISTRICT PLAN	NY	501(C)(3)	7	N/A		No
(5) CHV 1247 FLATBUSH AVENUE HDFC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 20-3770257	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NY	501(C)(3)	9	N/A		No
(6) 880 WILLOUGHBY HDFC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 45-0563837	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NY	501(C)(3)	9	N/A		No
(7) CHV 97 CROOKE HDFC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 80-0427343	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NY	501(C)(3)	9	N/A		No
(8) CHV 690-738 ALBANY AVENUE HDFC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 27-1994916	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NY	501(C)(3)	9	N/A		No
(9) CHV 560 WINTHROP STREET HDFC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 46-3553224	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NY	501(C)(3)	9	N/A		No
(10) FLATBUSH AVENUE DISTRICT MANAGEMENT ASSOCATION INC 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-2908148	PROMOTE GENERAL WELFARE OF PEOPLE IN THE FLATBUSH AVENUE DISTRICT PLAN	NY	501(C)(3)	7	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
880 WILLOUGHBY LP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 22-3877551	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
WILLOUGHBY GP II LLC 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 45-0563837	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 1247 FLATBUSH AVENUE LP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 20-3770301	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 1247 FLATBUSH AVENUE GP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 20-3770280	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 97 CROOKE AVE LP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 27-1560899	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 97 CROOKE AVE GP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 80-0483138	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 690-738 ALBANY AVENUE LP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 27-3249293	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
CHV 690-738 ALBANY AVENUE GP 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN, NY 11226 27-3249015	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SONGEA HOLDING CORPORATION	D	1,676,789	ACTUAL COST
SONGEA HOLDING CORPORATION	E	81	ACTUAL COST
SONGEA HOLDING CORPORATION	K	471,577	ACTUAL COST
SONGEA HOLDING CORPORATION	O	93,892	ACTUAL COST
1720 CHURCH HOLDING CORPORATION	D	196,429	ACTUAL COST
1720 CHURCH HOLDING CORPORATION	K	24,000	ACTUAL COST
1720 CHURCH HOLDING CORPORATION	O	33,701	ACTUAL COST
1720 CHURCH HOLDING CORPORATION	P	24,000	ACTUAL COST
CAMBA LEGAL SERVICESINC	O	722,111	ACTUAL COST
CAMBA LEGAL SERVICESINC	Q	1,050,497	ACTUAL COST
CAMBA ECONOMIC DEVELOPMENT CORPORATION	O	20,202	ACTUAL COST
CAMBA ECONOMIC DEVELOPMENT CORPORATION	Q	50,203	ACTUAL COST
CAMBA HOUSING VENTURES INC	O	830,388	ACTUAL COST
880 WILLOUGHBY LP	O	147,549	ACTUAL COST
880 WILLOUGHBY LP	Q	285,284	ACTUAL COST
CHV 1247 FLATBUSH AVENUE LP	O	57,411	ACTUAL COST
CHV 1247 FLATBUSH AVENUE LP	Q	109,409	ACTUAL COST
CHV 97 CROOKE AVENUE LP	O	39,300	ACTUAL COST
CHV 97 CROOKE AVENUE LP	Q	118,258	ACTUAL COST
CHV 630-738 ALBANY AVENUE LP	Q	418,179	ACTUAL COST
CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	O	112,400	ACTUAL COST
CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	Q	80,916	ACTUAL COST
FLATBUSH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	O	61,606	ACTUAL COST
FLATBUSH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	Q	43,602	ACTUAL COST